



Linda McCulloch, Superintendent
Montana Office of Public Instruction
PO Box 202501
Helena, Montana 59620-2501
www.opi.mt.gov
ATTN: Educator Licensure

Name and/or Address Change Request

USE THIS FORM TO (select one or both options)

- ☐ **Change Name**
And/or
☐ **Change Address**

SECTION I: Educator Information

*Former Last Name	*First Name	*Middle Name	
New Last Name	New First Name (if different from above)	New Middle Name (if different from above)	
*Name as you wish it to appear on your license			
Former Mailing Address (Street, RFD, PO Box)		City	State ZIP
New Mailing Address (Street, RFD, PO Box)		City	State ZIP
*Folio No.	*Social Security No	*Date of Birth	Home Phone Work Phone

SECTION II: Do you want a copy of your new license?

- ☐ Send a new license. The required licensing fee of \$6.00 is enclosed.
- ☐ Do not send a duplicate license.

SECTION III: Signature

Signature	Date
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NOTE:

“*” means a required field. All other fields are optional, depending on the change requested.